



Castor Ringing School

Permission for a Child or Young Person to Ring Church Bells

Full Name of Child or Young Person
in BLOCK CAPITALS _____

Date of Birth _____ Age _____

Home Address _____

Parent / Guardian's
Telephone: Home _____ Work _____ Mobile _____

Email: Parent _____ Child _____

Second contact in case of emergency

Name _____ Relationship _____

Telephone: Home _____ Work _____ Mobile _____

Are there any medical (e.g. diabetes, epilepsy) or allergies that we should know about? (This will not preclude the child / young person from ringing, but notification now may help in the event of a medical problem.)

Is your child currently vaccinated against Tetanus YES/NO

Still photographs may be taken during teaching sessions which may be used for publicity or on social media. If you do **not** wish photographs of your child to be used in this way, please tick the box on the right.

Declaration

- I give my permission for the above-named person to take part in the normal activities of Castor Ringing School.
- I understand what is involved and I am aware of the hazards present.
- I understand that separate permission will be sought for certain activities and outings lasting longer than the normal training times.
- I understand that during the teaching process occasional hand contact may be used.
- I understand that for teaching purposes video may occasionally be used but will not be retained.
- I give my permission for the above-named person to be registered on the A.R.T. system using his/her own email address to allow access to ringing resources and for monitoring progress.

Name of Parent or Legal Guardian
in BLOCK CAPITALS

Signature

Date